

Michael L. Parson  
Governor



[Exhibit #1]

2729 Plaza Drive  
P. O. Box 236  
Jefferson City, MO 65102  
Telephone: 573-751-2389  
Fax: 573-751-4099

Anne L. Precythe  
Director

State of Missouri  
**DEPARTMENT OF CORRECTIONS**  
*"Improving Lives for Safer Communities"*

**Grievance Appeal Response**

March 29, 2022

Wesley Marks  
Register #1270004  
South Central Correctional Center

RE: SCCC-21-1868  
Use of Force  
Received on February 23, 2022  
Reviewed on March 29, 2022

Your appeal dated February 18, 2022, has been reviewed. The grievance response you received adequately addressed your complaint. In your complaint, you claim Corrections Officer I Billy Smith used excessive force against you. Your claim was submitted for investigation and was returned as unsubstantiated. The Use of Force Committee reviewed the use of force and determined it was the minimum amount of force necessary due to your actions. I have found no violation of policy and procedure. You failed to present any evidence to support your complaint. Your appeal is denied.

  
\_\_\_\_\_  
Jason Lewis  
Deputy Division Director  
Division of Adult Institutions

JL/rc



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
OFFENDER GRIEVANCE APPEAL

RECEIVED

FEB 22 2022

GRIEVANCE NUMBER

SCCC-21-1868

DATE FILED

OFFENDER NAME (LAST, FIRST, MIDDLE)

Marks, Wesley

SCCC  
GRIEVANCE OFFICE

DOC NUMBER

1270004

INSTITUTION

SCCC

REASON FOR APPEAL

I am seeking for all remedies to be met and for a real investigation to be done into the allegations of my IRR

APPELLANT'S SIGNATURE

Wm1270004

DATE

2/18/22

RESPONSE

APPELLANT'S SIGNATURE

Finalization of this appeal represents exhaustion of this grievance pursuant to federal law, 28 CFR 40

APPELLANT'S SIGNATURE

DATE

GRIEVANCE LOG NUMBER

DATE

SCCC 21-1868

1/25/22

INMATE LAST NAME  
MarksFIRST  
WesleyDOC NUMBER  
1270004CAT.  
7☒ GRIEVABLE ISSUE☐ NON-GRIEVABLE ISSUE

## RESPONSE AND JUSTIFICATION

You claim on 11/7/21 an excessive use of force was used on you. You claim you was sprayed twice while being restrained and subdued directly in the eyes with the mace can 1-2" away from your eyes.

I have reviewed your complaint and relevant information. I find the response you received at the Informal Resolution Request stage adequately addressed your complaint.

Grievance denied

*Karen Carter*  
RESPONDENT SIGNATURE

COMMITTEE MEMBER SIGNATURE

*[Signature]*  
GRIEVANCE OFFICER SIGNATURE

COMMENTS

*Michelle Gue...*  
SIGNATURE

2.01.22  
DATE

☒ APPROVED

☐ DISAPPROVED



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
OFFENDER GRIEVANCE

RECEIVED

JAN 14 2022

GRIEVANCE NUMBER

IRR NUMBER

DATE FILED

SCCC

SCCC 21-1868

INSTITUTION USE ONLY

GRIEVANCE OFFICE

OFFENDER LAST NAME

FIRST

DOC NUMBER

HOUSING UNIT

UNIT

INSTITUTION

Marks

Wesley

1270004

2

C

SCCC

OFFENDER GRIEVANCE REQUEST

This IRR is about the excessive use of force used on me by COI Smith & COI Watts on 11/7/21. The CDV I recieved from COI Smith on 11/7/21 is enough proof that excessive force was used. Also a review of the cameras from the front of HU2 & inside of HU1 will substantiate my allegations that I was sprayed twice (while being restrained & subdued) directly in my eyes w/ the mace can 1-2 inches away from my eyes. The drug by multiple staff & locked to a restraint bench for 45min-1 hour in which medical staff never assessed me & I was not allowed to document my injuries. Furthermore, no clean water was given to me in the strip out cage, only paper towel to wipe mace off of my face & did nothing for my eyes. I still cant see out of my eye as a result of this incident. I am seeking for all remedies from IRR to be met.

OFFENDER SIGNATURE:

WJW 1270004

DATE

1/12/22

SUPERINTENDENT RESPONSE

SUPERINTENDENT/SECTION HEAD

Michelle [Signature]

DATE

2-01-22

You have the right to appeal this decision to a division director. You must file an appeal form with the grievance officer within seven (7) days from the day you receive this decision. Failure to submit an appeal within this time frame constitutes abandonment of the grievance.

☐ I ACCEPT THIS DECISION

☒ I APPEAL THIS DECISION

OFFENDER SIGNATURE

DATE

2-17-22

<b>INFORMAL RESOLUTION REQUEST</b>			<b>DATE</b>
SCCC	21	1868	12/02/2021
<b>INMATE LAST NAME</b>	<b>FIRST NAME</b>	<b>DOC NUMBER</b>	<b>CATEGORY</b>
Marks	Wesley	1270004	7
<b>EMERGENCY IRR</b>		<b>X</b>	<b>GRIEVABLE ISSUE</b>
			<b>NON-GRIEVABLE ISSUE</b>

### RESPONSE AND JUSTIFICATION

Your IRR has been received. You contend that you were sprayed with pepper spray by COI Smith in front of Housing Unit 2 and again by COII Watts in Housing unit 1. You were denied medical treatment while on the restraint bench.

I have reviewed your complaint and relevant information. You resisted an escort which resulted in the use of force. You were assessed by medical, no treatment was required, and no injuries were reported. You were given clean water while in the strip-out cage and had access to running water after being placed into a cell. You have failed to provide any further proof to substantiate your allegations.


**IRR Denied.**

  
INVESTIGATING STAFF SIGNATURE

  
DATE

  
RESPONDENT SIGNATURE

  
DATE

  
REVIEWER SIGNATURE

  
DATE

 **APPROVED**  **DISAPPROVED**



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
INFORMAL RESOLUTION REQUEST

11/16/21

INSTITUTION USE ONLY ☐ EMERGENCY COMPLAINT

OFFENDER NAME <b>Marks, Wesley</b>		DOC NUMBER <b>1270004</b>	
DATE STAFF MEMBER RECEIVED IRR <b>11/22/21</b>	COMPLAINT NUMBER <b>SCCC 21-1868</b>	CATEGORY <b>7</b>	HOUSING UNIT <b>2</b>

STATE YOUR COMPLAINT/PROBLEM BRIEFLY - ONE ISSUE - BE SPECIFIC

On 11/7/21 at approx 4:00pm I was sprayed w/pepper spray while either laying on the ground (or attempting to) w/my hands cuffed behind my back 2 times. Once in front of HU2 By COI Smith & once in HU1 by COI Watts. Immediately after being sprayed I was placed on a security bench in HU1 for approx 45 mins - 1 hour. During this time I was denied medical treatment & not allowed to clean my eyes. At approx 5:00pm I was moved to a suicide cell & told to use the sink to rinse my eyes out. Once my eyes were opened I couldn't see clearly out of my left eye. I have complained to multiple staff on multiple shifts however I still haven't seen medical for my eye.

ACTION REQUESTED: STATE REMEDIES YOU ARE SEEKING

I am seeking for all staff involved in the "use of force" to be fired & to be compensated for my eye.

OFFENDER SIGNATURE <b>WM 1270004</b>	DATE <b>11/22/21</b>
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STAFF USE ONLY

DISCUSSION OF COMPLAINT (SUMMARIZE RESULTS OF MEETING)

You were assessed by medical, no treatment was required and no injuries were reported. You were given clean water while in the strip-out cage and had access to running water after being placed in 1A-112

☐ IRR RESOLVED BY DISCUSSION/WITHDRAWN

☒ IRR NOT RESOLVED BY DISCUSSION

OFFENDER SIGNATURE <b>WM 1270004</b>	DATE <b>12/1/21</b>	STAFF SIGNATURE <i>[Signature]</i>	DATE <b>12/1/21</b>
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STAFF FINDINGS/RESPONSE

INVESTIGATING STAFF SIGNATURE <i>[Signature]</i>	DATE <b>12/2/21</b>	RESPONDENT SIGNATURE <i>[Signature]</i>	DATE <b>12-3-21</b>
REVIEWER SIGNATURE <i>[Signature]</i>	DATE <b>12-29-21</b>	RESULTS <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY	

YOU HAVE THE RIGHT TO FILE A FORMAL GRIEVANCE. YOU MUST FILE A GRIEVANCE FORM WITH THE DESIGNATED STAFF WITHIN SEVEN (7) DAYS FROM THE DATE YOU RECEIVE THIS RESPONSE. FAILURE TO SUBMIT A GRIEVANCE WITHIN THIS TIME FRAME CONSTITUTES ABANDONMENT.

OFFENDER SIGNATURE <b>WM 1270004</b>	DATE <b>1/10/22</b>
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**Informal Resolution Request  
Response**

**To: Wesley Marks #1270004**

**Institution: South Central Correctional Center**

**IRR Number: SCCC 21- 159**

**Date of IRR: 1/28/22**

Your IRR has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers, has been provided to you. This assessment of your medical needs may differ from your personal desires.

Your concern is understood to be: Denied Medical treatment.


Subsequent to review and investigation, the results are as follows: Per medical records, you had eye doctor appointment on 12/17/21 and did not show up, you saw the eye doctor on 1/27/22 and he referred you to specialist which you saw on 1/25/22. You were then referred to N euro-ophthal consult which was scheduled.

In conclusion, this should address your health concern.

If your medical condition changes please address any concerns through the sick call process at your facility.

03/21/2022  
Received

04/28/2022  
Date of Response

  
Cheryl Edington, RN, DON  
Director of Nursing DB

Grievance Category: I II III IV V VI VII VIII IX X





STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
INFORMAL RESOLUTION REQUEST

RECEIVED FEB 01 2022

249  
1/21/22

INSTITUTION USE ONLY

☐ EMERGENCY COMPLAINT

OFFENDER NAME

Wesley Marks

DOC NUMBER

1270004

DATE STAFF MEMBER RECEIVED IRR

1/28/22

COMPLAINT NUMBER

SCCC 22-159

CATEGORY

5

HOUSING UNIT

2

STATE YOUR COMPLAINT/PROBLEM BRIEFLY - ONE ISSUE - BE SPECIFIC

Between the dates of 11/1/21 & 1/7/22 I was denied medical attention/treatment by custody staff & medical staff after being injured in a use of force by COF Billy Smith & COF Blakelynn Watts. On 1/7/22 I was assessed by Medical Staff & still wasn't given any treatment for my eye. I still can't see out of my eye & staff (Custody & Medical) are refusing to give me anything to clean my eye out for any pain meds for my eye.

ACTION REQUESTED: STATE REMEDIES YOU ARE SEEKING

I am seeking to be given some type of eye drops for some sort of solution to clean/rinse my eye out with & some type of pain medication for my eye as well.

OFFENDER SIGNATURE

WM 1270004

DATE

1/28/22

STAFF USE ONLY

DISCUSSION OF COMPLAINT (SUMMARIZE RESULTS OF MEETING)

1/7/22 Eye Dr - 1-28-22 Fluorophthalmology 12/17 eye dr apt - show  
1/26 referred for Eye eval - 1-25-22  
2/8 - Approved for Neuro-optical Consult - scheduled

☐ IRR RESOLVED BY DISCUSSION/WITHDRAWN

☒ IRR NOT RESOLVED BY DISCUSSION

OFFENDER SIGNATURE

WM 1270004

DATE

4/28/22

STAFF SIGNATURE

Edington Rudon

DATE

4-29-22

STAFF FINDINGS/RESPONSE

See Attached

INVESTIGATING STAFF SIGNATURE

Edington Rudon

DATE

4-29-22

RESPONDENT SIGNATURE

Edington Rudon

DATE

4-29-22

REVIEWER SIGNATURE

DB

DATE

5-4-22

RESULTS

☐ SATISFACTORY

☒ UNSATISFACTORY

YOU HAVE THE RIGHT TO FILE A FORMAL GRIEVANCE. YOU MUST FILE A GRIEVANCE FORM WITH THE DESIGNATED STAFF WITHIN SEVEN (7) DAYS FROM THE DATE YOU RECEIVE THIS RESPONSE. FAILURE TO SUBMIT A GRIEVANCE WITHIN THIS TIME FRAME CONSTITUTES ABANDONMENT.

OFFENDER SIGNATURE

WM 1270004

DATE

5/16/22



# Plaintiff's response to Defendant's Charyl Edington's Informal Resolution Request Response

Date Turned In: 05/18/2022  
~~IRR~~ No. SCCC21-159

In response to the IRR response; (1) On 12/17/21 I was in Ad-Seg H02-C-249, custody staff refused to come get me for my appointment & medical staff failed to make them come get me. This verifies my claims that I was denied medical attention/treatment between 11/7/21 and 1/7/22; (2) it is impossible for a eye doctor to see me on 1/27/22 and to be seen (after being referred by him) by a specialist on 1/25/22 (2 days prior to even being scheduled for a specialist). Furthermore, my IRR specifically states "Between the dates of 11/7/21 and 1/7/22" and also that I was trying to get some sort of solution to clean/rinse my eye out with and for some meds for the pain in my eye. I haven't received either.

Note: SCCC Grievance office is refusing to respond to this and/or give me a form to continue the process. Per Policy they are/was suppose to respond to this in 30 days after receiving the Grievance Complaint. Today is the \_\_\_\_\_ day of Aug 2022 and I have yet to receive a response or a Grievance Appeal Form to continue the Grievance Process.

Michael L. Parson  
Governor



[Exhibit #3]

2729 Plaza Drive  
P. O. Box 236  
Jefferson City, MO 65102  
Telephone: 573-751-2389  
Fax: 573-751-4099

Anne L. Precythe  
Director

**State of Missouri**  
**DEPARTMENT OF CORRECTIONS**  
*"Improving Lives for Safer Communities"*


**Grievance Appeal Response**

March 28, 2022

Wesley Marks  
Register #1270004  
South Central Correctional Center

RE: SCCC-21-1930  
Use of Force  
Received on February 23, 2022  
Reviewed on March 28, 2022

Your appeal dated February 18, 2022, has been reviewed. The grievance response you received adequately addressed your complaint. In your complaint, you claim Corrections Officer I Billy Smith made a sexual remark towards you and then used excessive force against you. Your claim was submitted for investigation and was returned as unsubstantiated. The Use of Force Committee reviewed the use of force and determined it was the minimum amount of force necessary due to your actions. I have found no violation of policy and procedure. You failed to present any evidence to support your complaint. Your appeal is denied.

  
\_\_\_\_\_  
Jason Lewis  
Deputy Division Director  
Division of Adult Institutions

JL/rc



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
OFFENDER GRIEVANCE APPEAL

RECEIVED

FEB 22 2022

GRIEVANCE NUMBER

SCCC-21-1930

DATE FILED

OFFENDER NAME (LAST NAME, FIRST)

Marks, Wesley

SCCC  
GRIEVANCE OFFICE

DOC NUMBER

1270004

INSTITUTION

SCCC

REASON FOR APPEAL

I am seeking for all remedies to be met.

OFFENDER SIGNATURE

WM 1270004

DATE

2/18/22

RESPONSE

SIGNATURE

DATE

Finalization of this appeal represents exhaustion of this grievance pursuant to federal law, 28 CFRs 40

OFFENDER SIGNATURE

DATE

6-901 (2-9-15-18)

66

GRIEVANCE LOG NUMBER

DATE

INMATE LAST NAME

SCCC 21 1930

01/18/22

Marks

FIRST  
Wesley

DOC NUMBER  
1270004

CAT  
7

☒ GRIEVABLE ISSUE

☐ NON-GRIEVABLE ISSUE

RESPONSE AND JUSTIFICATION

In this complaint you contend that on 11/07/21 you were subjected to an excessive use of force by COI B. Smith. You allege that COI B. Smith utilized pepper spray on you in retaliation for you telling him that you were filing a PREA complaint against him. You allege the PREA complaint was due to an inappropriate statement from COI B. Smith.

I have reviewed your complaint and pertinent information. This complaint was submitted for investigation and found to be unsubstantiated. Furthermore, the incident was reviewed and deemed an appropriate use of force by the use of force committee.

Your grievance is denied.



RESPONDENT SIGNATURE

COMMITTEE MEMBER SIGNATURE



GRIEVANCE OFFICER SIGNATURE

COMMENTS



SIGNATURE

2-01-22

DATE

☒ APPROVED

☐ DISAPPROVED



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
OFFENDER GRIEVANCE

RECEIVED

GRIEVANCE NUMBER

DEC 16 2021

IRR NUMBER

SCCC21-1930

DATE FILED

INSTITUTION USE ONLY

SCCC

OFFENDER LAST NAME

FIRST

GRIEVANCE NUMBER

HOUSING UNIT

UNIT

INSTITUTION

Marks

Wesley

1270004

2

C

SCCC

OFFENDER GRIEVANCE

On 12/10/21 at approximately 1:42pm Sgt. Bonner was sent by the investigator to come and get me from 2C-249. At this time Sgt. Bonner came to my door and asked me if I was ready to go "be a little pussy and tell". Then he walked away and refused to take me out to the investigator. Staff aren't taking my PREA Investigation serious & COI Smith is still being allowed to be around me. Smith and Sgt. Watts has already put my eye out by spraying inches away from my eyes w/compressed cans of mace. He has already retaliated once and its only a matter of time before he does it again.  
I am seeking for all remedies from IRR to be met.

OFFENDER SIGNATURE

WM1270004

DATE

12/15/21

SUPERINTENDENT RESPONSE

SUPERINTENDENT/SECTION HEAD

Michael B. [Signature]

DATE

2-0-22

You have the right to appeal this decision to a division director. You must file an appeal form with the grievance officer within seven (7) days from the day you receive this decision. Failure to submit an appeal within this time frame constitutes abandonment of the grievance.

☐ I ACCEPT THIS DECISION

☒ I APPEAL THIS DECISION

OFFENDER SIGNATURE

DATE

2-17-22

**INFORMAL RESOLUTION REQUEST****DATE**

SCCC 21 1930

12/10/21

**INMATE LAST NAME****FIRST NAME****DOC NUMBER****CATEGORY**

Marks

Wesley

127004

4

☐ **EMERGENCY IRR**☒ **GRIEVABLE ISSUE**☐ **NON-GRIEVABLE ISSUE****RESPONSE AND JUSTIFICATION**

Your IRR has been received and reviewed. You are alleging COI Smith Billy stated to you he would give up sex for your sexy eyes, then sprayed you with mace while being hand cuffed and on the ground. You are requesting COI B. Smith to be forced to stay 100 ft. Away from you, and to be fired for retaliating against you for threatening to file a prea. Upon review of all pertinent information regarding this issue, it has been found your complaint has been referred for investigation. Therefore your IRR is denied.

  
INVESTIGATING STAFF SIGNATURE12/10/21  
DATE  
RESPONDENT SIGNATURE12-10-21  
DATE  
REVIEW SIGNATURE12-13-21  
DATE☒ **APPROVED**☐ **DISAPPROVED**





STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
INFORMAL RESOLUTION REQUEST

INSTITUTION USE ONLY ☐ EMERGENCY COMPLAINT

11/23/21

OFFENDER NAME: <b>Wesley Marks</b>		DOC NUMBER <b>1270004</b>	
DATE STAFF MEMBER RECEIVED IRR <b>11/30/21</b>	COMPLAINT NUMBER <b>SCCC 21-1930</b>	CATEGORY <b>4</b>	HOUSING UNIT <b>2</b>

STATE YOUR COMPLAINT/PROBLEM BRIEFLY- ONE ISSUE - BE SPECIFIC

On 11/1/21 COI Smith, Billy told me that he "would give up pussy for my sexy eyed ass!" Then COI Smith sprayed me w/mace (while I was cuffed behind my back laying on the ground faced down) in front of HU2 Because I told him that I was going to file a PREA on him.

ACTION REQUESTED: STATE REMEDIES YOU ARE SEEKING

I am seeking for COI Smith to be force to stay 100ft away from me & to be fired for retaliating against me for trying to file a PREA on him.

OFFENDER SIGNATURE <b>WM 1270004</b>	DATE <b>11/24/21</b>
---	-------------------------

STAFF USE ONLY

DISCUSSION OF COMPLAINT (SUMMARIZE RESULTS OF MEETING)

This has been referred for investigation

☐ IRR RESOLVED BY DISCUSSION/WITHDRAWN

☒ IRR NOT RESOLVED BY DISCUSSION

OFFENDER SIGNATURE <b>WM 1270004</b>	DATE <b>12/9/21</b>	STAFF SIGNATURE <b>[Signature]</b>	DATE <b>12/9/21</b>
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STAFF FINDINGS/RESPONSE

INVESTIGATING STAFF SIGNATURE <b>[Signature]</b>	DATE <b>12/10/21</b>	RESPONDENT SIGNATURE	DATE
REVIEWER SIGNATURE <b>[Signature]</b>	DATE <b>12-13-21</b>	RESULTS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	

YOU HAVE THE RIGHT TO FILE A FORMAL GRIEVANCE. YOU MUST FILE A GRIEVANCE FORM WITH THE DESIGNATED STAFF WITHIN SEVEN (7) DAYS FROM THE DATE YOU RECEIVE THIS RESPONSE. FAILURE TO SUBMIT A GRIEVANCE WITHIN THIS TIME FRAME CONSTITUTES ABANDONMENT.

OFFENDER SIGNATURE	DATE
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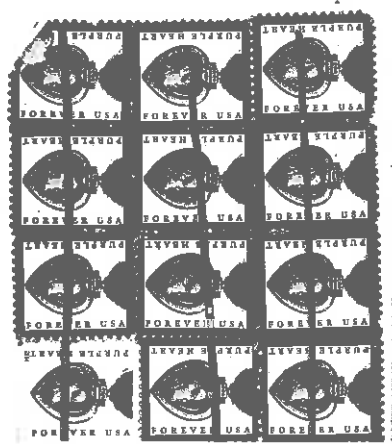
Wesley E. Marky #1270004 S-D-156  
 South Central Correctional Center  
 255 West Highway 32  
 Licking, MO 65542

RECEIVED

2022 AUG 18 AM 11:59  
 U.S. DISTRICT COURT  
 WESTERN DISTRICT OF MO  
 KANSAS CITY

EXPECTED DELIVERY DAY: 08/18/22  
 USPS TRACKING® #

1004  
 0106  
 NO POSTAGE  
 NECESSARY  
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 IN THE  
 UNITED STATES  
 \$0.00  
 R220401 10000010



Office of the Clerk  
 1510 Whittaker Courthouse  
 400 East Ninth Street  
 Kansas City, MO 64106

This mail is from an offender in the custody  
 of the MO Department of Corrections.